

**Application Data Sheet****APPLICATION INFORMATION**

Application Number::	Unassigned
Filing Date::	January 11, 2005
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	No
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	POROUS MEMBRANE
Attorney Docket Number::	232569
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor (1)  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Masato  
Family Name:: TAKAI  
City of Residence:: Kashima-gun  
State or Prov. of Residence:: Ibaraki  
Country of Residence:: Japan  
Street of mailing address:: c/o Kuraray Co., Ltd.  
36, Oaza-Touwada, Kamisumachi  
City of mailing address:: Kashima-gun  
State or Province of mailing address:: Ibaraki  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 314-0197

Applicant Authority Type:: Inventor (2)  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Yoichi  
Family Name:: MATSUMOTO  
City of Residence:: Kurashiki-shi  
State or Prov. of Residence:: Okayama  
Country of Residence:: Japan  
Street of mailing address:: c/o Kuraray Co., Ltd.  
1621, Sakazu  
City of mailing address:: Kurashiki-shi  
State or Province of mailing address:: Okayama  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 710-8622

Applicant Authority Type:: Inventor (3)  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Kouji  
Family Name:: SEKIGUCHI  
City of Residence:: Kurashiki-shi  
State or Prov. of Residence:: Okayama  
Country of Residence:: Japan  
Street of mailing address:: c/o Kuraray Medical Inc.  
1621, Sakazu  
City of mailing address:: Kurashiki-shi  
State or Province of mailing address:: Okayama  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 710-8622

Applicant Authority Type:: Inventor (4)  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Tomoki  
Family Name:: KAKIUCHI  
City of Residence:: Kurashiki-shi  
State or Prov. of Residence:: Okayama  
Country of Residence:: Japan  
Street of mailing address:: c/o Kuraray Medical Inc.  
1621, Sakazu  
City of mailing address:: Kurashiki-shi  
State or Province of mailing address:: Okayama  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 710-8622

Applicant Authority Type:: Inventor (5)  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Hitoshi  
Family Name:: TSURUTA  
City of Residence:: Tokyo  
State or Prov. of Residence::  
Country of Residence:: Japan  
Street of mailing address:: c/o Kuraray Co., Ltd.  
Ote Center Bldg., 1-1-3, Otemachi, Chiyoda-ku  
City of mailing address:: Tokyo  
State or Province of mailing address::  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 100-8115

Applicant Authority Type:: Inventor (6)  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Takao  
Family Name:: SHIMIZU  
City of Residence:: Kurashiki-shi  
State or Prov. of Residence:: Okayama  
Country of Residence:: Japan  
Street of mailing address:: c/o Kuraray Co., Ltd.  
1621, Sakazu  
City of mailing address:: Kurashiki-shi  
State or Province of mailing address:: Okayama  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 710-8622

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460  
Representative Designation:: Registration Number:: Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/008758	07/10/2003

## **FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
Japan	204733/2002	07/12/2002	Yes

## **ASSIGNEE INFORMATION**

Assignee name:: (1) KURARAY CO., LTD  
Street of mailing address:: 1621, Sakazu  
City of mailing address:: Kurashiki-shi  
State or Province of mailing address:: Okayama  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 710-8622

Assignee name:: (2)	KURARAY MEDICAL INC.
Street of mailing address::	1621, Sakazu
City of mailing address::	Kurashiki-shi
State or Province of mailing address::	Okayama
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	710-8622